

413471INT (Amended)

81%

Entity Number 127508 Applicant's Form Identifier 413471
 Contact Person CHRIS GUEST Contact Telephone Number 229-377-8258

Block 4: Discount Calculation Worksheet

Worksheet

Page 1 of 2

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

9a List entities and calculate discount(s): Grady County School District School District or Library System Entity Number: 127508 (For Administrator's Use)

1 Name of Eligible Entity	2 Entity Number AND NCEC Code (for Schools) or FSCS Code (for Libraries)	3 Urban or Rural U or R	4 Total Number of Students	5 Number of Students Eligible for NSLP	6 Percent of Students Eligible for NSLP (Col. 5 / Col. 4)	7 Discount from Discount Matrix	8 Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	9 Pre-K Adult Ed Or Juvenile Justice	10 All Disc Matrix	11 Entity Number of School District in which Library Outlet/Branch is Located	12 Discount of Member Entity	13 Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARIES				Schools with Shared Services	Schools	Library Outlets/Branches	Consortia		
PAIGDON HIGH SCHOOL	34514 1302460670833	R	11127	1279	55.81 (56)	80	901.6	N	N			
EASTSIDE ELEMENTARY SCHOOL	34517 1302460670836	R	632	473	74.84 (75)	90	568.8	N	N			
GRADY BOE BARN	160255477	R						N	N			
GRADY COUNTY BOE ANNEX	160255455	R						N	N			
GRADY CSD MAINTENANCE	160494472	R						N	N			
GRADY CSD TECHNOLOGY OFFICE	160232472	R						N	N			

9b Shared Services

SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 8. Divide the total of Column 8 by the total of Column 4. Enter the result in Column 13.												
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 13.	1759						1470.4					
CONSORTIA: Calculate the total of Column 12. Divide this total by the number of member entities. Enter the result in Column 13.												

Y13471INT (Amended)

8190

Entity Number 127508 Applicant's Form Identifier 71374474
 Contact Person CHRIS GUEST Contact Telephone Number 229-377-8258

Block 4: Discount Calculation Worksheet

 Worksheet
 Page 2 of 2

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

9a List entities and calculate discount(s):
 School District or Library System Name: Grady County School District School District or Library System Entity Number: 127508 (For Administrator's Use)

1 Name of Eligible Entity	2 Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries)	3 Urban or Rural Use R	4 Total Number of Students	5 Number of Students Eligible for NSLP	6 Percent of Students Eligible for NSLP (Col. 5 ÷ Col. 4)	7 Discount from Discount Matrix	8 Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	9 Pre-K Adult Ed Or Juvenile Justice	10 All Disc Mech	11 Entity Number of School District in which Library Outlet/Branch is Located	12 Discount of Member Entity	13 Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARIES			Schools with Shared Services		Schools		Library Outlets/Branches	Consortia	
NORTHSIDE ELEMENTARY SCHOOL	3145113 11302460001081	R	313	303	96.805 (97)	90	281.7	Y	Y			
SWANER ELEMENTARY SCHOOL	3145913 11302460001079	R	565	319	56.460 (59)	80	452	Y	N			
SOUTHSIDE ELEMENTARY SCHOOL	3145116 11302460001082	R	523	369	70.554 (71)	80	418.4	Y	N			
WASHINGTON MIDDLE SCHOOL	3145110 11302460001084	R	589	442	75.012 (75)	90	530.1	N	N			
WILKINSON ELEMENTARY SCHOOL	3145130 11302460001082	R	501	243	48.502 (49)	60	300.6	Y	N			

9b Shared Services

SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 8. Divide the total of Column 8 by the total of Column 4. Enter the result in Column 13.	4250					3453.2						81.25
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 13.	1759					1470.4						
CONSORTIA: Calculate the total of Column 12. Divide this total by the number of member entities. Enter the result in Column 13.	+2491					+1982.8						

Entity Number <u>127508</u>		Applicant's Form Identifier <u>Y13471INT</u> (Amended)	
Contact Person <u>CHRIS GUEST</u>		Phone Number <u>229-377-8258</u>	

Block 5: Discount Funding Request(s)
 Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page 1 of 2

FRN _____ (To be assigned by administrator)	
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10 If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:	
11 Category of Service (only ONE category should be checked) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> PRIORITY 1 Telecommunications Service Internet Access </div> <div style="width: 45%;"> PRIORITY 2 Internal Connections Other than Basic Maintenance Basic Maintenance of Internal Connections </div> </div>	23 Calculations <div style="border: 1px solid black; padding: 5px;"> A. Monthly charges (total amount per month for service) <div style="text-align: right; font-size: 1.2em;">14400</div> </div> <div style="border: 1px solid black; padding: 5px;"> B. How much of the amount in A is ineligible? <div style="text-align: right; font-size: 1.2em;">624</div> </div> <div style="border: 1px solid black; padding: 5px;"> C. Eligible monthly pre-discount amount (A minus B) <div style="text-align: right; font-size: 1.2em;">13776</div> </div> <div style="border: 1px solid black; padding: 5px;"> D. Number of months service provided in funding year <div style="text-align: right; font-size: 1.2em;">12</div> </div> <div style="border: 1px solid black; padding: 5px;"> E. Annual pre-discount amount for eligible recurring charges (C x D) <div style="text-align: right; font-size: 1.2em;">165312.00</div> </div>
12 Form 470 Application Number 13 SPIN – Service Provider Identification Number 14 Service Provider Name	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">Recurring Charges</div>
15a Check this box if this Funding Request is for non-contracted tariffed or month-to-month services. 15b Contract Number 15c Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider). 15d Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">Non-Recurring Charges</div>
16a Billing Account Number (e.g., billed telephone number) 16b Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page. 17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 18 Contract Award Date (mm/dd/yyyy) 19 Service Start Date (mm/dd/yyyy) 20a Service End Date (mm/dd/yyyy) 20b Contract Expiration Date (mm/dd/yyyy)	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">Total Charges</div>
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.	
22 Entity/Entities Receiving This Service: <div style="font-size: 0.8em;"> a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1): </div>	

	Attachment <u>Y13INTI21 (Amended)</u>
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Entity Number <u>127508</u>		Applicant's Form Identifier <u>Y13471INT</u> (Amended)	
Contact Person <u>CHRIS GUEST</u>		Phone Number <u>229-377-8258</u>	

Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.		Block 5, page <u>2</u> of <u>2</u>
FRN _____ <small>(to be assigned by administrator)</small>		

10 If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:		
11 Category of Service (only ONE category should be checked) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> PRIORITY 1 Telecommunications Service <input type="checkbox"/> Internet Access </div> <div style="width: 45%;"> <input type="checkbox"/> PRIORITY 2 Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections </div> </div>	23 Calculations <div style="border: 1px solid black; padding: 5px;"> A. Monthly charges (total amount per month for service) <div style="text-align: right; font-size: 1.2em;">9900</div> </div>	
12 Form 470 Application Number	Recurring Charges	B. How much of the amount in A is ineligible? <div style="text-align: right; font-size: 1.2em;">429</div>
13 SPIN – Service Provider Identification Number		C. Eligible monthly pre-discount amount (A minus B) <div style="text-align: right; font-size: 1.2em;">9471</div>
14 Service Provider Name		D. Number of months service provided in funding year <div style="text-align: right; font-size: 1.2em;">12</div>
		E. Annual pre-discount amount for eligible recurring charges (C x D) <div style="text-align: right; font-size: 1.2em;">113652.00</div>
15a Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.	Non-Recurring Charges	F. Annual non-recurring charges <div style="text-align: right; font-size: 1.2em;">0</div>
15b Contract Number		G. How much of the amount in F is ineligible? <div style="text-align: right; font-size: 1.2em;">0</div>
15c Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).		
15d Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:		
16a Billing Account Number (e.g., billed telephone number)		H. Annual eligible pre-discount amount for non-recurring charges (F minus G) <div style="text-align: right; font-size: 1.2em;">0</div>
16b Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.		
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) <small>(based on Form 470 filing)</small>	Total Charges	I. Total funding year pre-discount amount (E + H) <div style="text-align: right; font-size: 1.2em;">113652.00</div>
18 Contract Award Date (mm/dd/yyyy)		J. Discount from Block 4 Worksheet <div style="text-align: right; font-size: 1.2em;">81</div>
19 Service Start Date (mm/dd/yyyy)		K. Funding Commitment Request (I x J) <div style="text-align: right; font-size: 1.2em;">92058.12</div>
20a Service End Date (mm/dd/yyyy)		
20b Contract Expiration Date (mm/dd/yyyy)		
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.		Attachment <u>Y13INT121 (AMENDED)</u>
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):		

Do not write in this area

Entity Number 127508 Applicant's Form Identifier Y13471INT (Amended)
Contact Person CHRIS GUEST Phone Number 229-377-8258

Block 6: Certifications and Signature

- 24 I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)
- a schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. Secs. 7801(18) and (38), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
 - b libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary, secondary schools, colleges, or universities.
- 25 I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

- | | | |
|---|---|-----------|
| a | Total funding year pre-discount amount on this Form 471
(Add the entries from Items 231 on all Block 5 Discount Funding Requests.) | 278964.00 |
| b | Total funding commitment request amount on this Form 471
(Add the entries from Items 23K on all Block 5 Discount Funding Requests.) | 225960.84 |
| c | Total applicant non-discount share
(Subtract Item 25b from Item 25a.) | 53003.16 |
| d | Total budgeted amount allocated to resources not eligible for E-rate support | 12636.00 |
| e | Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.) | 65639.16 |
| f | Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 25e. | |

- 26 I certify that all of the schools and libraries or library consortia listed in Block 4 of this application are covered by technology plans that are written, that cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body, and an SLD-certified technology plan approver, prior to the commencement of service. The plans were written at the following level(s):
- a an individual technology plan for using the services requested in this application; and/or
 - b higher-level technology plan(s) for using the services requested in this application; or
 - c no technology plan needed; applying for basic local, cellular, PCS, and/or long distance telephone service and/or voice mail only.
- 27 I certify that I posted my Form 470 and (if applicable) made my RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.
- 28 I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.
- 29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. Sec. 54.500(k). Additionally, I certify that the Billed Entity has not received anything of value or a promise of anything of value, other than services and equipment requested under this form, from the service provider(s), or any representative or agent thereof or any consultant in connection with this request for services.
- 30 I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.